

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
NOV 07 2014  
Bayfield Co. Zoning Dept.

ENTERED Permit #  
Date: 11-17-14  
Amount Paid: \$75.00  
Refund: \$75.11-14-14

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Jay &amp; Cynthia Glase</u>	Mailing Address: <u>28345 S. Maple Hill</u>	City/State/Zip: <u>Washburn WI 54891</u>	Telephone: <u>715 373 0364</u>
Address of Property: <u>28345 S. Maple Hill</u>		Contractor Phone: <u>Plumber:</u>	Cell Phone: <u>906 370 3474</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION <u>NE 1/4, NW 1/4</u>		PIN: (23 digits) <u>04-050249053420100020000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1062</u> Page(s) <u>610</u>
Gov't Lot <u>1</u>		CSM <u>1435</u>	Vol & Page <u>8-338</u>
Lot(s) <u>1</u>		Lot(s) No.	Block(s) No.
Section <u>34</u> , Township <u>49</u> N, Range <u>05</u> W		Town of: <u>Washburn</u>	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->		Distance Structure is from Shoreline: feet	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->		Distance Structure is from Shoreline: feet	

Value at Time of Completion * include donated time & material  \$ <u>800</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water						
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Carport	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Overhang			<input type="checkbox"/> None							

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>32</u>	Width: <u>16</u>	Height: <u>20</u>
Proposed Construction:	Length: <u>32</u>	Width: <u>10</u>	Height: <u>9</u>

Proposed Use	<input checked="" type="checkbox"/> Residential Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	<input type="checkbox"/>	Principal Structure (first structure on property)	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	with Loft	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	with a Porch	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	with a Deck	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	with Attached Garage	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	Mobile Home (manufactured date)	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	Addition/Alteration (specify)	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	Accessory Building (specify)	( <input type="checkbox"/> X )	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u>Overhang on garage</u>	( <u>32</u> X <u>10</u> )	<u>320</u>
<input type="checkbox"/>	<input type="checkbox"/>	Rec'd for Issuance	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	Special Use: (explain)	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	Conditional Use: (explain)	( <input type="checkbox"/> X )	
<input type="checkbox"/>	<input type="checkbox"/>	Other: (explain)	( <input type="checkbox"/> X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jay D Glase Cynthia Glase Date 10/8/14  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

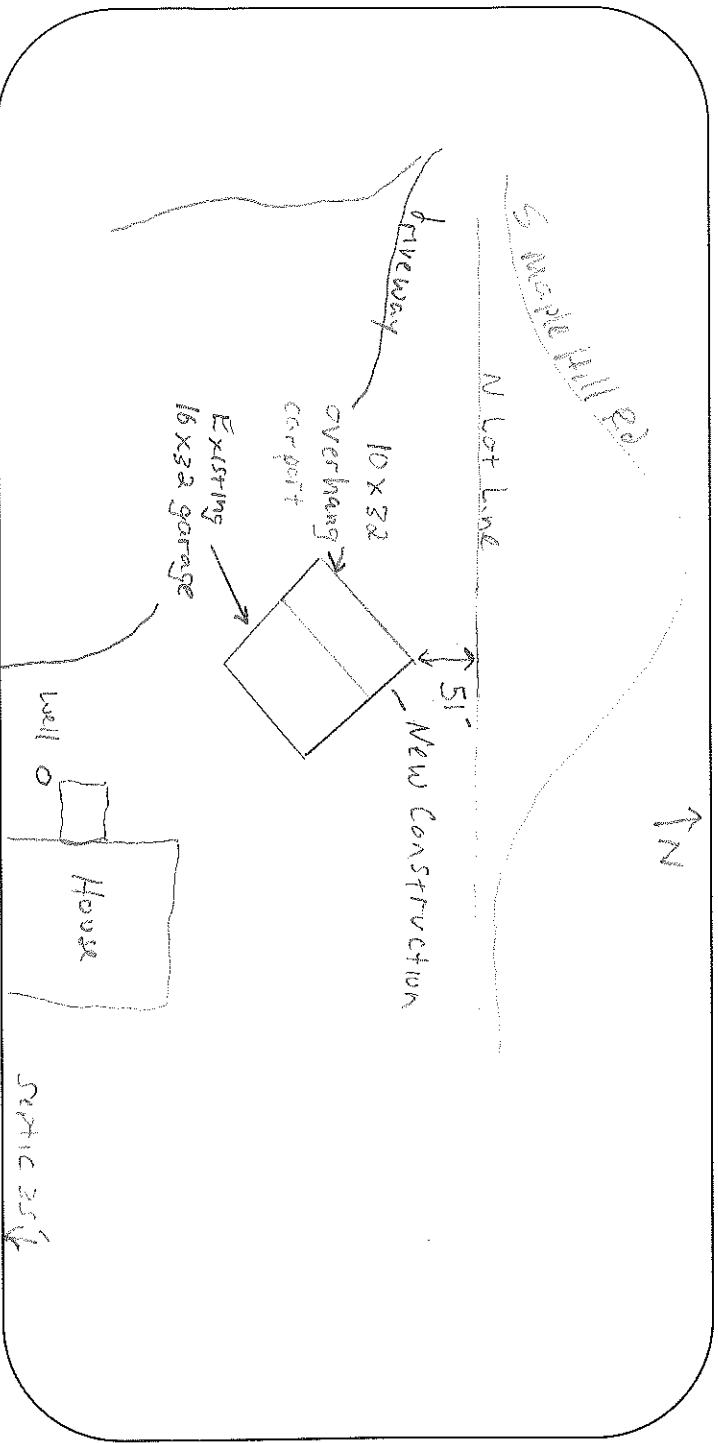
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit see long address above Attach  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	201 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	168 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	51 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	300 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	440 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	135 Feet	Setback to Well	65 Feet
Setback to Drain Field	150 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

Prior to the Construction Of New One & Two Family Dwellings: All Municipalities Are Required to Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>N/A</u>	# of bedrooms: <u>1</u>	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>14-0446</u>		Permit Date: <u>11-17-14</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>ATF - Built by previous property owner - NO DOUBT THE PER DIRECTOR SCHEDULED</u>		Zoning District: <u>(F-1)</u>		
Date of Inspection: <u>5/10/14</u>		Lakes Classification: <u>(N/A)</u>		
Condition(s): <u>Town, Committee or Board Conditions Attached? Yes No</u>		Date of Re-Inspection:		
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>11-17-14</u>		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6136

APPLICATION FOR PERMIT

BAYFIELD COUNTY WISCONSIN

Date Stamp (Received)

NOV 07 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

14-0447

Date:

11-17-14

Amount Paid:

\$75.00

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Telephone:

Address of Property:

City/State/Zip:

City/State/Zip:

Cell Phone:

Contractor:

Contractor Phone:

Plumber:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization  
Attached  
☐ Yes ☐ No

PROJECT  
LOCATION

Legal Description: (Use Tax Statement)

PN: (23 digits)

04-050249053420100020000

Recorded Document: (i.e. Property Ownership)  
Volume 10002 Page(s) 610

NE 1/4, NW 1/4

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Section 34, Township 49 N, Range 05 W

Town of:

Washburn

Lot Size

Acreage

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☒ If Yes--Continue ☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☒ If Yes--Continue

Distance Structure is from Shoreline: \_\_\_\_\_ feet

Distance Structure is from Shoreline: \_\_\_\_\_ feet

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☒ If Yes--Continue ☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☒ If Yes--Continue

Distance Structure is from Shoreline: \_\_\_\_\_ feet

Distance Structure is from Shoreline: \_\_\_\_\_ feet

Distance Structure is from Shoreline: \_\_\_\_\_ feet

Value at Time of Completion

\* include donated time & material

Project

# of Stories and/or basement

Use

# of bedrooms

What Type of Sewer/Sanitary System is on the property?

\$ 2500

☐ New Construction ☐ 1-Story ☐ Seasonal ☐ Municipal/City

☒ Addition/Alteration ☐ 1-Story + Loft ☐ Year Round ☐ (New) Sanitary

☐ Conversion ☐ 2-Story ☐ 3 ☒ Sanitary (Exists) Specify Type: Septic

☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or Vented (min 200 gallon)

☐ Run a Business on Property ☐ Foundation ☒ None ☐ Compost Toilet

☐ Property ☐ Foundation ☒ None ☐ Compost Toilet

☐ City ☒ Well

☐ Water

Existing Structure: (if permit being applied for is relevant to it)

Length: 40

Width: 36

Height: 28

Proposed Construction:

Length: 36

Width: 17

Height: 17

Proposed Use

☒ Residential Use

☐ Commercial Use

☐ Municipal Use

☐ Rec'd for Issuance

☐ Conditional Use: (explain)

☐ Other: (explain)

☐ Special Use: (explain)

☐ Conditional Use: (explain)

☐ Other: (explain)

Proposed Structure

☐ Principal Structure (first structure on property)

☐ Residence (i.e. cabin, hunting shack, etc.)

☐ with Loft

☐ with a Porch

☐ with (2<sup>nd</sup>) Deck

☐ with Attached Garage

☐ Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities

☐ Mobile Home (manufactured date)

☒ Addition/Alteration (specify) Deck (L shape not square) (36 x 17) 612

Accessory Building (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

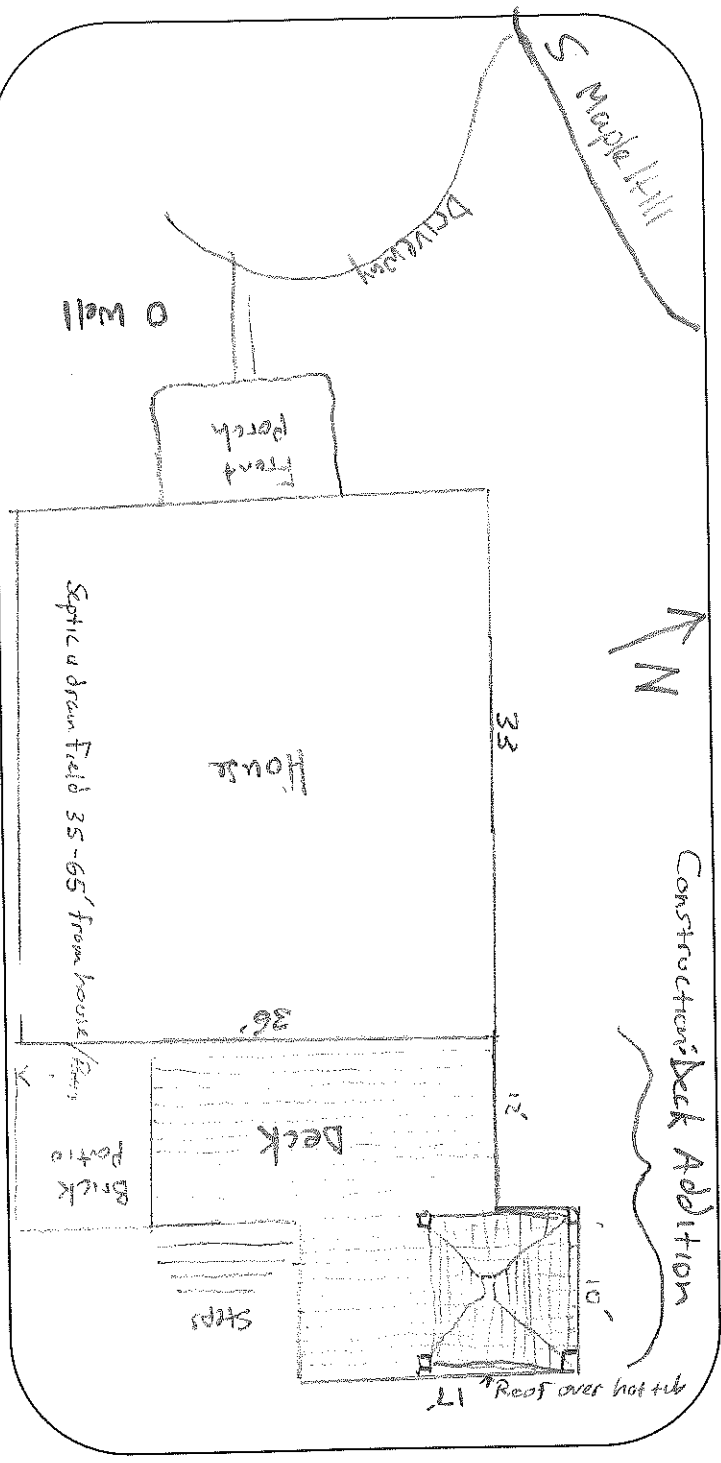
Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

Accessory Building Addition/Alteration (specify)

The box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	245 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	210 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	35 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	575 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	320 Feet	20% Slope Area on property	old sand pit Yes No
Setback from the East Lot Line	360 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 35 Feet	Setback to Well	95 Feet
Setback to Drain Field	65 50 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number: 282780	# of bedrooms: 3	Sanitary Date: 1997
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-0447	Permit Date: 11-17-14		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Addition AT BUILT BY PREVIOUS OWNER. AT 1/10			
Double fee per Director Schumann			
Date of Inspection: 9-5-14/10-31-14/11-3-14	Inspected by: J. Schumann		
Condition(s): Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If No they need to be attached)	

Signature of Inspector:		Date of Approval: 11-17-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
AUG 29 2014  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 14-0448  
Date: 11-17-14  
Amount Paid: \$865 9-2-14  
Refund:

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Joy a Cynthia GLASE	Mailing Address: 28345 S. Maple Hill Washburn, WI 54891	City/State/Zip: Washburn WI 54891	Telephone: 715 373 0364
Address of Property: 28345 S. Maple Hill		City/State/Zip: Washburn, WI 54891	Cell Phone: 906 370 3474
Contractor:		Contractor Phone: Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: NE 1/4, NW 1/4		PIN: (23 digits) 04-050-2-49-05-34-201-000-20000	Recorded Document: (i.e. Property Ownership) Volume 1002 Pages 100
Legal Description: (Use Tax Statement)		Gov't Lot: X	Lot(s): 1435
CSM: 1435		Vol & Page: 8 - 338	Block(s) No.:
Section: , Township: N, Range: W		Town of: Washburn	Subdivision: Lot Size: Acreage: 5.00
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure Is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure Is from Shoreline: feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * Include donated time & material \$ 800	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: 5' x 14' / 5' x 4'	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	<input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 32	Width: 16	Height: 20
Proposed Construction:	Length: 32	Width: 16	Height: 9

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	( X )	
	<input type="checkbox"/> with a Porch	( X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( X )	
	<input type="checkbox"/> with a Deck	( X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( X )	
	<input type="checkbox"/> with Attached Garage	( X )	
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( X )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/> Addition/Alteration (specify)	( X )	
	<input type="checkbox"/> Accessory Building (specify)	( X )	
	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) Garage Addition	( 10 X 32 )	320
	<input type="checkbox"/> Rec'd for Issuance	( X )	
	<input type="checkbox"/> Special Use: (explain)	( X )	
	<input type="checkbox"/> Conditional Use: (explain)	( X )	
	<input type="checkbox"/> Other: (explain)	( X )	
	Secretarial Staff		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jay D Glase Cynthia Glase  
(If there are multiple owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date: 8/26/14

Address to send permit 28345 S. Maple Hill Rd Washburn WI 54891  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

